



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

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September 6, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: William T Fujioka
Chief Executive Officer

Mitchell H. Katz, M.D.
Director, Department of Health Services

HEALTH CARE REFORM IMPLEMENTATION TASK FORCE UPDATE

This is to provide the Board with a report of progress made by the Department of Health Services (DHS)/Chief Executive Office (CEO) Health Care Reform Implementation Task Force (Task Force).

On December 10, 2012, my office informed the Board that the CEO and Director of Health Services would create a Task Force for Health Reform to focus coordination among the five County departments whose services are vital to the successful implementation of health reform within Los Angeles County. We are now providing you with the achievements of the Task Force and stakeholder departments since our last report of July 23, 2013.

DEPARTMENT OF HEALTH SERVICES (DHS)

The Internal Physician Registry (Registry), implemented May 30, 2013, is intended to provide supplemental physician staff to facilitate extended service hours, increased service delivery, and reduce the utilization and expenditure on external physician registries and physician contracts. To date, DHS has received 13 applications for the newly classified position of Relief Physician, M.D. Ten applicants have been certified as eligible for appointment, and two have been appointed and are subject to assignment in DHS facilities on as-needed basis.

The Internal Nurse Registry initiative has also been implemented. Fifty (50) Relief Nurse ordinance positions have been reallocated from LAC+USC Medical Center (LAC+USC) to a cost center assigned to DHS' Office of Nursing Affairs (ONA). ONA is responsible for centrally administering the Internal Nurse Registry, including hiring and assignment of RN's to provide supplemental staffing at DHS facilities. With LAC+USC as the pilot facility, the ultimate goal is a minimum of 50 participants with the expectation that the internal registry will be expanded to all DHS hospitals and Ambulatory Care Network facilities by March 2014. The Relief Nurse position is compensated at the flat hourly rate of \$45.00, which will be a significant cost savings when compared to \$65.00 - \$70.00 per hour billed by the various contract nursing registries.

On July 30, 2013, the new DHS telephone system went "live" at four (4) ambulatory care facilities: MidValley Comprehensive Health Center (CHC), Roybal CHC, MLK-Multi-Service Ambulatory Care Center and Lomita Family Medical Center. Bellflower Health Center (HC) will be "live" by mid-September; that activation was more complex because that facility's phone number is owned by Verizon but billed through AT&T - whereas the other four facilities were serviced only by AT&T. Adjustments are being made to the timeline for activation of the second group of facilities (El Monte CHC, H.H. Humphrey CHC, Wilmington HC and San Fernando HC) to allow for the complexity of transition from dual carrier status in the existing telephone service.

Job descriptions for the newly proposed Business Development and Contracting function to reside under Managed Care Services are under final internal review prior to submission to CEO Classification/Compensation.

FIRE DEPARTMENT

With Task Force support, the Fire Department is working with Internal Services Department (ISD) Information Technology and Contracting to release a request for proposals (RFP) within the next 6 – 8 weeks to procure a new Electronic Health Record system (Electronic Patient Care Report Project), an essential element to maximize revenue opportunities resulting from Health Care Reform.

The Task Force is coordinating a meeting between DHS, CEO and the Fire Department to consider new developments relating to the Fire Department's interest in securing Ground Emergency Medical Transport (GEMT) money as the contract holder with a private ambulance company. The Fire Department will need to develop an infrastructure to support a billing and payment process allowing them to collect these funds.

DEPARTMENT OF MENTAL HEALTH (DMH)

The Task Force has assisted the Department of Mental Health (DMH) to develop interdepartmental work groups to improve the quality and efficiency of care provided to patients with mental health conditions; those efforts will continue.

DMH has concluded meetings of the initial planning groups for implementation of health reform and continues to work with their consultant on finalizing the implementation blueprint. Some highlights include:

- The DMH Health Reform Outcomes Workgroup identified mental health outcomes and specific health indicators that can/should be collected in mental health settings. The health indicators identified by the workgroup are: blood pressure, weight or BMI, A1c level, and tobacco use.
- As an approach to gathering, aggregating, and reporting on the outcome measures, the department has completed a review of care management module to be used as part of the new electronic health record and continues to explore the best option.

DMH anticipates completion of a final health reform readiness plan during the last quarter of 2013.

DMH is involved in workforce readiness, including both enhancing the skills of the existing workforce, as well as expanding the workforce needed to implement the ACA. Highlights include:

- Health 101, a course in identification and referral for common health problems experienced by mental health clients was offered through three webinars conducted by UCLA.
- As part of the HCR recruitment and staffing strategy, DMH has identified appropriate classifications for Care Transition Specialists and will request allocation in their budget proposal.

DMH has also developed a strategy for implementation of behavioral health homes within both directly operated and contract mental health agencies, including determination of which primary care entities may serve as partners in bi-directional care. This strategy includes:

- Identification of stable clients to be followed by DHS primary care providers; DMH is consulting with DHS to determine the process for client referrals.
- Initiation of a pilot program with an Federally Qualified Health Center (FQHC) that will deliver health services within a DMH directly operated clinic; the Department

anticipates finalizing the Board Letter requesting authorization to enter into the MOU for this pilot by the end of October.

- Participation in a (pending) grant application to develop healthy neighborhoods throughout Los Angeles County.

DEPARTMENTAL OF PUBLIC SOCIAL SERVICES (DPSS)

DPSS has completed the initiative related to funding and claiming cost reimbursement. DHS anticipates funds will flow directly from the state to DPSS beginning January 2014. DHS is also finalizing internal procedures to support reimbursement to DPSS for their portion of the costs.

In consultation with DHS and County Counsel, DPSS has found it necessary to discontinue two initiatives:

- DPSS collaborated with DHS to identify the top five (5) community partner agencies and increased the representation of DPSS staff at two locations. However, despite various discussions with agency management, their staff were not referring HWLA applicants to DPSS Eligibility Workers – consequently there was no appreciable increase in HWLA enrollment. DHS consulted with CEO and it was agreed to discontinue this initiative.
- Although DPSS and DHS were interested in pursuing auto-enrollment of eligible CalFresh participants in HWLA, County Counsel has recently advised that State approval would be required since the HWLA program requires that an application be on file to determine eligibility. Based upon the time required to obtain the State approval, DPSS and DHS have agreed that the initiative is not a viable at this time.

DEPARTMENT OF PUBLIC HEALTH (DPH)

On July 15, 2013, DPH provided a memo to your Board describing the collaboration with DMH to secure a robust substance use disorder benefit in the California Drug Medi-Cal program as part of California's health reform.

DPH has made significant strides specific to billing improvements for clinic-based services:

- Completed the third phase of a Community Health Services (CHS) clinic client health insurance survey to determine the type of insurance carried by patient populations, as well as potential eligibility for HWLA or other public insurance programs.
- Met with Gartner Consulting Group (Gartner) regarding the objectives of the initiative to develop a web-based registration system to include appropriate billing

codes and demographic functionality; utilize and leverage the customer relationship management (CRM) platform currently in use for the Department's Pharmacy Inventory and Labeling Software (PILS); and interface with Patient Health Information Systems (PHIS). Gartner's proposal to assist in determining an electronic health record (EHR) is under review.

- DPH is preparing a request for proposals for a billing consultant agreement that will analyze the business needs, processes and procedures for billing DPH services for both clinic and field services.
- Met with Sutherland (DPH's clearinghouse) and identified process improvements to ensure adequate billing.
- Currently meeting with Health Management Systems to develop a scope of work that will include ICD 9/10 and Current Procedural Terminology (CPT) code additions to enhance revenue capture from CHS clinics.
- A Utilization Review staff person (a licensed vocational nurse) has been assigned to assist DPH in transitioning to using ICD-10 billing codes and to ensure that appropriate billing documentation and medical justification is provided for effective billing.
- A "CHS patient navigator" pilot program has been implemented at one site to assist with the collection of billing information and to refer patients to enroll in HWLA and Medi-Cal, as appropriate. DPH is monitoring each CHS health center to assure that basic billing information is collected and will add additional sites for the CHS patient navigator at MLK Jr. CPH, Pomona, Glendale, and Monrovia. (This navigator program is a DPH internal effort and not part of the County's patient navigation system.)

DPH has developed a three-tiered training plan to provide DPH workforce members with the information and knowledge to help County residents navigate the Affordable Care Act's (ACA) upcoming changes and enrollment process.

- Tier 1- *Public Health Ambassador*: This training will provide basic ACA information, the open enrollment process and period, and helpful tips and resources that all DPH workforce members should know to properly refer County residents to the necessary resources and people who can assist them with further detailed information. This will be a 1- to 1.5-hour webinar held in early October. Included will be a series of resources and a toolkit of information for workforce members to utilize to refer community members to proper and expanded resources.
- Tier 2- *Public Health Advocate*: This training will provide more detailed ACA information and the open enrollment process and period. This will be a full-day classroom training for public health nurses, health educators, and other DPH employees who have direct and extended contact with individual clients. This training will provide the specifics around qualification criteria, potential fraud and

- consumer protection issues, and detailed referral information for enrollment.
- Tier 3- *Public Health Enroller*. This training will be for a specific subset of DPH staff that will be enrollers at specific DPH and subcontracted clinic sites. Participants will receive the “We’ve got you covered” two-day core training, with more emphasis on ACA and upcoming changes, including how to become an enroller and preparation for that process.

DPH obtained approval from your Board on August 13, 2013 to develop and execute memoranda of understanding (MOUs) between DMH, DPH, and DPSS with Health Net and LA Care for the provision of specialty mental health, substance use disorder (SUD) treatment and In-Home Supportive Services for the Cal MediConnect Program, the Medicare and Medi-Cal dual-eligible demonstration project.

The Department’s Substance Abuse Prevention and Control (SAPC) program is collaborating with UCLA’s Integrated Substance Abuse Programs (ISAP) on SUD provider capacity building. SAPC and ISAP will provide “science to service” lectures to providers that will focus on the clinical practices necessary for successful implementation of SUD services under health care reform. This is part of SAPC’s health care reform readiness capacity building training and technical assistance activities for contracted providers which have included informational webinars on health care reform topics.

SHERIFF’S DEPARTMENT (LASD)

LASD has recently met with the Task Force to discuss opportunities within Health Care Reform that merit further exploration. While several concepts are in the embryonic stage, a key initiative has emerged that will be remarkably proactive and beneficial.

LASD proposes to use Custody Assistants to facilitate the enrollment process for as many inmates as possible in preparation for implementation of ACA, which will have the added benefit of mitigating the effect of a new law that suspends – rather than terminates – Medicaid benefits for those in custody. The process to reinstate coverage following release from custody is lengthy and there is a significant period before benefits are available. By initiating the enrollment process for the inmate prior to their release, the processing timeline can progress thereby reducing the time in which the individual must wait for reinstatement. LASD has contacted the CEO for assistance to facilitate the required training and certification of staff, and anticipates implementing this initiative before the end of 2013.

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A report of the Task Force activities and progress will be presented to your Board on a regular basis.

If you have any questions or require additional information, please contact me, or your staff may contact Gregory Polk at (213) 974-1160 or via e-mail to gpolk@ceo.lacounty.gov.

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c: Sheriff
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